

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

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To: Contract Administrator

From: Joan Daniel, [Administrative Services Manager](#)

Date: December 1, 2010

Re: **Service Contract for Year 2011**

Enclosed are **contract documents** for 2011 as follows:

- Two copies of either the **%Contract Summary+** or the **“Letter of Agreement”** for all providers.
- For Children Alternate Care Providers Only . Two copies of the **Interagency Agreement**.

For 2011, we have updated our website for the 2011 contracts. Your contract can be found on our website at www.jeffersoncountywi.gov. Go to the *Human Services* page and click on *Contracts*. You are required to print, sign, and return to the address above all of the contracts that apply to the services provided.

- A **%Purchase of Services Contract+** master document, for all Providers.
- An **%Attachment for Alternate Care Services+**, if you provide alternate care services to adults.
- An **%Attachment for Independent Living Services+**, if you provide this service (Supervised Apartments).
- An **%Attachment for CCS Services+**, if you provide services under this funding source.
- An **%Attachment for Respite Care Services+**, if you provide this service within your alternate care setting.

Also, please print the **“2011 Provider Contact Information Worksheet”** and return the completed form.

If you provide services to Children who are on the Children’s Waiver Program of Children in the Long Term Program, please print, sign and return with the contract packet.

- Sign Off for **“Wisconsin Medicaid Program Provider Agreement”** if you provide services to Children who are on the Children’s Waiver Program of Children in the Long Term Program.

If you provide alternate care services to Children who are eligible for the Children’s Waiver Program or the CRS Program or any Adults receiving alternate care services, the **“Alternate Care Operating Budget”** must be completed and sent along with all the other required information.

Please also send a copy of your civil rights plan required by the state for all providers, so we may have this on file.

Upon your review and approval, please sign and return one copy of the following to me at your earliest opportunity:

- (1) ~~%~~Contract Summary+
- (2) ~~%~~Interagency Agreement+, if applicable.
- (3) ~~%~~Purchase of Services Contract+along with additional attachments that apply to the services provided
- (4) 2011 Provider Contact Information Worksheet
- (5) ~~%~~Wisconsin Medicaid Program Provider Agreement+, if applicable.
- (6) ~~%~~Alternate Care Operating Budget+, if applicable.
- (7) Your latest applicable service license and/or certification
- (8) Civil Rights Plan for all providers

Contract payments will not be sent to you until we receive all of the contract information in its entirety from you.

For children alternate care providers: Effective July 1, 2011 - The State of Wisconsin is establishing a per client rate that a group home or residential care center may charge for its services. All children entering out of home care placements or changing placements on or after this date will be subject to this new rate regulation.

The 2011 budget as recommended by the Human Services Board and the County Finance Committee does not allow for overall rate increases. If you would like to appeal your contract with the Human Services Finance Committee, you will have an opportunity at their January meeting scheduled on Tuesday, January 11, 2011 at 9:30 am.

Please let me know if there are questions. Thank you for your prompt attention.

enclosures